

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101576895**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.		IND.		IND.			IND.		IND.		IND.	
	1	1	1	1	1	1	51	1	1	1	1	1	1
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3		1			1		53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	12	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS		13					TOTAL CLAIMS						